				nt and Trade	oved for use through 0 mark Office; U.S. DEP	06/30/2010. O PARTMENT OF	COMMERCE	
Under the Paperwork Reduction A	respond to a collection of information unless it displays a valid OMB control number Complete if Known							
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Application Nu		10/578,430-Conf. #2819			
			Filing Date		May 5, 2006			
			First Named Inventor		Kazumi KODAMA			
For FY 2009			Examiner Name		H. H. Chin			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		4131			
TOTAL AMOUNT OF PAYMENT	1	(\$) 1,110.00		Attorney Docket No.		4829-0108PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type Fe	Small Entity ee (\$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	/ Fee (\$)	Small Entity) Fee (\$)	Fees Pa	aid (\$)	
	330 165	540	270	220	110	10001	=141	
,	220 110	100	50	140	70			
	220 110	330	165	170	85			
	330 165	540	270	650	325			
	220 110	0	0	0.50	0			
2. EXCESS CLAIM FEES Small Entity								
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues) 52						26		
Each independent claim over 3 (including Reissues) 220					220	110		
Multiple dependent claims						390	195	
<u>Total Claims</u> Extra Claims Fee (\$) Fe			ee Paid (\$)		lultiple Dependent Claims			
9 - 20 = 0		Ē	ee (\$) F	Fee Paid (\$)	1			
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra C			ee Paid (\$)					
HP = highest number of independent of	X =	-						
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,110.00								
SUBMITTED BY Posicitation No.								
Signature (the t	(m)	Registration No. (Attorney/Agent)	32,181		(703) 205		
Name (Print/Type) Marc S. Weiner Date MAR 3 0 2009								